

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office VII Corner M.J. Cuenco and Gen. Maxilom Ave., Cebu City

REQUEST FOR QUOTATION NP-SMALL VALUE PROCUREMENT

| | | RFQ No. | DSWD7-2025-0047 |
|--------------------------------------|--|---------------------|--|
| | | Date | January 22, 2025 |
| Company Name | : | | |
| Company Address | : | | |
| Contact Person | : | | |
| Contact No. | : | | |
| PhilGEPS Registrati | on No.: | | |
| Sir/Madam: | | | • |
| expenses for the go | government price/s including delivery charg oods listed in Annex A. Failure to indicate in n descriptive brochures, catalogues, literature | nformation could | be the basis for non-compliance. Also, |
| | sive manufacturer, distributor or agent in the land luly notarized certification to this effect. | Philippines for the | e goods listed in Annex A , please attach |
| | s are required to submit true copies of their quotation/s. An Omnibus Sworn Statement | | |
| Field Office VII, Ceb | and submit this form together with Annex A u City or send it through facsimile numbers (0 vd.gov.ph on or before January 27 , 2025 at 5 | 032) 887-9720; 2 | |
| | | Very truly your | s, |
| | | 7 |) |
| | | | NUEL M. EDLES |
| Terms and Condition | one | AO V/Head, Pr | ocurement Management Section |
| 1. Award shall be m | [| oted price | lot basis |
| | es shall be delivered <u>please refer to Annex A</u> | <u> </u> | • |
| 4. Place of Delivery: | | | |
| | t: within 30 days from the receipt of billing | | |
| In case of discrep | ges/Penalty: One-tenth of one percent for ancy between total price per item and unit priquantity of that item, the latter shall prevail. | | |
| 8. Warranty period, | if applicable: | | |
| | | 011 | Chefoguifieth. |
| | | <u>CH.</u> | ARL ALBERT J. TORREFIEL Canvasser |
| l am interested to qu | ote and agree to the terms and conditions. | | |
| | | | |
| | nted Name of Supplier / Service uthorized Representative) | | |

(page 1 of 2)

PDSWD

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office VII, Cebu City

| Company Name | |
|-----------------------|--------|
| Company Address | |
| Contact Person | |
| Contact No. | |
| PhilGEPS Registration | 1 No.: |
| Tin Number: | |

RFQ No.: DSWD7-2025-0047 Date: January 22, 2025

| Item No. | Quantity | Unit of Measure | Articles / Descriptions | Statement of Compliance (State "Comply" or "Not Comply" | Bidder's Specifications | Unit Cost | Total Cost |
|--|--|---|---|--|----------------------------|-----------|---------------------|
| 1 | 30 | unit | PROVISION OF VEHICLE RENTAL SERVICES FOR CY 2025 (SIQUIJOR PROVINCE) | | | | |
| | | | Specifications: | | | | |
| | | | *Service from DSWD SWAD-Siquijor Office going to any point of SIQUIJOR PROVINCE with pick-up/drop-off at every LGU and viceversa. | | | | |
| | | | Other Conditions: | | | | |
| | | | *Can accommodate of atleast 12 passengers in comfortable & normal sitting capacity. | | | | |
| | | | *In good running condition/roadworthiness. | | | | |
| | | | *Fully air-conditioned and well-maintained. | | | | |
| | | | *Vehicle year model must be 2018 and above. | | | | |
| | | | *To pick-up and drop-off passengers/staff from identified/designated pick-up and drop-off points. | | | | |
| | | | *Vehicle rental to include licensed professional driver, fuel/lubricant, disinfectant/sanitizer. | | | | |
| | | | *Driver must be vaccinated for Covid-19 virus | | | | |
| | | | *Vehicle must be regularly cleaned and disinfected. | | | | |
| | | | *Rental service up to 16-18 hours per day on staggered or scheduled date/s by end-user. | | | | |
| | | | *Without prejudice to the provisions of the applicable law, rules and regulations, the contract shall be automatically terminated when the amount specified for this contract has been exhausted. | | | | |
| | | | *Can provide of atleast 5 units at a time, if necessary. | | | | |
| Аррі | Approved Budget for the Contract: Php 150,000.00 | | | Note: "Bidder's Specifications" column may be filled up with service provider or may | | | |
| o o o o o o o o o o o o o o o o o o o | | copy "Articles/Description" stated if applicable. | | | | | |
| To provide transportation of SocPen staff for official functions during the CY-2025 Payout/Spot check/Conduct of Tochnical Assistance to LCUs and other activities | | | | | | | ot check/Conduct of |

PURPOSE: Technical Assistance to LGUs and other activities.

Note: Procurement procedure in accordance with DSWD-Memorandum Circular No. 2, Series of 2007.

CHARL ALBERT J. TORREFIEL
Canvasser

Signature of Supplier / Authorized Representative Over Printed Name

(page 2 of 2)